SUMMER
PROGRAM
2006

CITY OF LAS VEGAS RECREATION
DEPARTMENT REGISTRATION FORM

Program runs from: June 5th -July 28th

Hours: 7:30 a.m. - 3:30 p.m. Ages: 4 -10

Fee: $125.00

_____ _____

Childs Name Parent/Guardian

_____ _____ _____

Home Phone # Work Phone # Cell/Pager #

_____

Address City/State Zip

_____ _____ _____

Age Date of Birth Grade

Emergency Contacts:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

SECURITY

CITY OF LAS VEGAS RECREATION DEPARTMENT
2006 SUMMER PROGRAM
PICK UP AUTHORIZATION FORM

I/We,_____ the parent(s)/guardian(s) of _____ give permission for the following individuals to pick-up my child/children from the Recreation Department in my absence:

	Name	Phone
1.		
2.		
3.		
4.		
5.		

_____ _____
Parent/Guardian Date

_____ _____
Recreation Representative Date

City of Las Vegas Recreation Department

Internet/Computer User Agreement Rules

1. User/s must be registered in a youth program provided by the Recreation Center.

2. Users may not store data on any computer hard drive located at the facility.

3. No food or drink is allowed in the computer room.

4. User is expected to be familiar with computers. Users will be denied further use due to misuse.

5. The Recreation Center will provide adequate staff to be available for consultation or instruction on computers. Any problems are to be reported immediately to a staff member.

6. All costs incurred during the course of Internet/Computer use are the responsibility of user.

_____ I have read and agree to abide by the Internet/Computer Agreement Rules. I will take proper care of all equipment, manuals and books that are the property of the City of Las Vegas Recreation Department. No materials that are used at the computer will be removed from the Recreation Center.

_____ I agree to observe all copyright laws and not duplicate any software or documentation that may be protected by such laws.

_____ Failure to observe any part of this agreement may result in the termination of using the computers.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

City of Las Vegas Emergency Medical Authorization Form

Purpose: To enable parents or guardians to AUTHORIZE emergency treatment for children who become ill or injured while under program authority, when parents cannot be contacted. Upon completion parents must return this form to the Abe Montoya Recreation Center. The original form and any copies thereof may be used to identify the medical options of the undersigned parent. This consent is valid for child's years of K-12.

Participant's Full Name

Address City Zip

D.O.B Telephone

Mother's Full Name Daytime Phone

Father's Full Name Daytime Phone

GRANTING CONSENT

In case of an emergency involving my child where I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, I give any reasonable and customary medical and health care deemed necessary.

Primary Physician Telephone

Primary Dentist Telephone

If for any reason the above listed medical care providers or hospital cannot be reached. I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital and/or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concur.

Nothing in this section shall be constructed to impose liability on any city official or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Parent/guardian Signature Date

Medical Insurance Provider Information

Medical Insurance Provider _____ Policy Number _____

I/we, named below do hereby agree to release, hold harmless, and forever give up any claim against the City of Las Vegas Recreation Dept. or any of its agents or representatives, that may arise in the future, for damages on account of bodily injury or property damages arising in any manner out of participation in the Abe Montoya Recreation Centers programs.

I/we, understand that should any injury occur during participation in the aforementioned programs, the City of Las Vegas, its agents, and or its representatives cannot be held responsible; and I/we, understand that by signing this form all legal right to hold the City of Las Vegas Recreation Dept. or any of its agents or representatives responsible are waived.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

****The City of Las Vegas Recreation Department does not have the ability to handle special needs children, if your child has special needs they will need to be accompanied by someone who is able to care for their individual needs.**

_____ _____

Parent/Guardian Signature Date

Parents and Participants:

All participants must follow the rules and regulations of the Abe Montoya Recreation Programs. If a participant breaks the rules, He or She may be suspended from any of the programs.

_____ _____

Parent/Guardian Signature Date

MEDICAL HISTORY

Facts concerning the child's medical history to which a physician should be alerted.

All information obtained is considered confidential, except to medical provider.

Please indicate if student has had, or is currently under treatment for any of the following conditions:

___Asthma	___Diabetes	___Seizures
___Heart Problems	___Hepatitis	___Migraine Headaches
___Bleeding disorders	___High Blood Pressure	___Ear Problems
___Emotional Problems	___Tetanus (date)_____	___Infectious diseases
___Meningitis	___Muscular Weakness	___Allergies _____

___Reactions to medicines _____

___Hospitalized for serious illness, surgery, or accidents? Explain

_____

_____

___Use of contact lenses? ___Yes ___No

___Long term medications? _____

Have you ever been informed of the need to be on an antibiotic therapy prior to dental treatment? ___Yes ___No

Please add any problems not listed: _____

Fill out or attach a copy of immunization record:

DPT	#1___	#2___	#3___	#4___	#5___
Polio	#1___	#2___	#3___		
MMR	#1___	#2___			
Hepatitis	#1___	#2___	#3___		
HIB	#1___	#2___	#3___	#4___	

Abe Montoya Recreation Center
Youth Sports Physical Form

_____ _____
Name Age

_____
Program

_____Head _____Chest _____Heart

_____Abdomen _____Extremities _____Weight

_____Height _____Blood Pressure _____Vision

_____ _____
Physicians Signature Date

_____ _____
Parents Signature Date